

Participant Name:

City of Saint Paul Department of Parks and Recreation

CLIMBING TOWER AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISK

I wish to participate in the CLIMBING TOWER activity offered by Saint Paul Parks and Recreation and I have read and understand the following:

PARTICIPANT ASSUMES RISK. The undersigned (or his/her parent or guardian, if the undersigned is a minor) understands the inherent risks and dangers of participation in this type of activity and the potential for injury that exists, and agrees to assume all risk of and responsibility for personal injury or death to, or damage to or loss of property of, the undersigned arising from, based upon or relating to participation in the climbing tower activity. The undersigned further states that he/she is in good physical condition, is physically fit to participate in this activity and is not subject to any medical condition that poses or may pose any risk of harm or disability to others. The undersigns certifies that he/she has health, accident and liability insurance to cover any bodily injury or property damage he/she may suffer while participating in this even, or else agrees to bear the costs of such injury or damage his/herself.

The Auto Belay Safety System for the CLIMBING TOWER requires that all participants weigh a minimum of 40lbs. and a maximum of 250lbs.

My signature below indicates that I had sufficient opportunity to read this entire document, that I have read it, and that I understand it, and that I understand it affects my legal rights. I agree to be bound by its terms.

Telephone Number:		
Address:		
City, State & Zip		
Date of Birth:		
Signature of Participant:		
Today's Date:		
	IAN'S ADDITIONAL INDEMNIFICATION articipants under the age of 18.)	
Print Minor's Name		
and facilities, I further agr	ild being permitted by the City of Saint Paul to participate in its activities and to us ree to indemnify and hold harmless the City of Saint Paul, from any and all CLAIN nor, and which are in any way connected with such use or participation by the Min	MS that are brough
Signature of Parent or Gu	ardian	
Print Name		
Date:		